

Minutes

Heroin and Opioid Emergency Task Force Lower Shore Regional Summit

June 10, 2015

**Heroin and Opioid Emergency Task Force
Lower Shore Regional Summit**

Wednesday, June 10, 2015, 10am -5pm

St. Frances De Sales – Phillip and Barbara Long Parish Center, Salisbury, Maryland

Task Force Members in Attendance

Lieutenant Governor Boyd Rutherford

Sheriff Timothy Cameron

Linda Williams

Senator Katherine Klausmeier

Delegate Brett Wilson

Dr. Michael Finegan

Nancy Dudley

Elizabeth Embry

Tracy Myers- Preston

Dr. Bankole Johnson

Welcoming Remarks by Father Chris LaBarge

Remarks

The church is very involved in trying to address the issues surrounding the heroin crisis. He welcomed the Task Force to try and gain new insights on how to better address the problems the state is facing.

Introduction by Lt. Governor Boyd K. Rutherford

Fifth Regional Summit of the Heroin Emergency Task Force, initiated from an executive order by Governor Hogan. The Governor and all of us here today recognize that heroin addiction is a disease, and we cannot simply arrest our way out of this problem but must address it through multiple approaches. Last year alone, there were 570 overdose deaths, more than automobile fatalities. The problem needs to be addressed using the four steps of prevention, treatment, law enforcement, and overdose prevention. Our goals need to focus on increasing the public awareness of the issue, improving access to care, and addressing drug trafficking. The main problem is addiction, not crime. The job of the Task Force today is to listen to those here to better understand how the crisis is affecting the community. By listening to others the Task Force will better understand how to develop a holistic approach to the problem.

County Executive and Commission Presidents and Health Officers

Corey Pack, President, Talbot County Council

- Talbot County is positioned in the center of the shore. There is a lot of drug trafficking in the community with a big increase in the heroin and prescription drug use.
 - Talbot County is in top three counties in abusing prescription medication

- Methadone clinic
 - There is one Methadone clinic in Talbot County similar to Turning Point clinic in Baltimore
 - Holistic approach
 - Not stop and go but treats the patient extensively

Suggestions

1. Educating parents
2. Monitoring young people who are experiencing signs of drug addiction
3. Holistic approach
 - a. Physical
 - b. Mental
 - c. Spiritual
4. Training law enforcement to use Narcan
5. Having areas available where drugs can be disposed
6. System with additional steps where the victim can get treatment
7. Systematic handoff of a victim on Narcan between the law enforcement who administered the drug and the treatment center, jail, rehab facility etc.

Bob Culver, Wicomico County Executive

- Last year, 20 people in Wicomico County died from an overdose
 - Females under 25 are the largest abusers in the county
 - Rise in the number of prescription overdoses
- The heroin and opioid epidemic affects all socio-economic sectors of the community from the wealthiest to the poorest families
- Businesses see the drug problem as a potential roadblock when considering if they should move to the county.
- Culver believes the best thing he can do at the moment is to support his health officers

Suggestions

1. Better educate the public about the dangers of prescription drugs inside the home, i.e. the medicine cabinet
2. Tighter regulations on prescription drugs; the pharmacies are over prescribing
 - a. There are better ways to manage pain
3. Infrastructure needs to be fixed to reduce drug problem

Lori Brewster, Health Officer for Wicomico County

- The drug problem has taken its toll on the community. It is her belief that everyone in the county has been affected by drug use directly or indirectly.
 - Crime
 - Family members suffering
 - Homelessness
 - Health issues
- 2007: there were only 9 overdose deaths in Wicomico County
- 2014: there were 20 overdose deaths in Wicomico County

- It has risen above the homicide rate
 - These deaths are preventable
- Methadone clinic
 - Serves over 50 individuals from around the shore on a daily basis in Ocean City
- Physician in Wicomico County
 - Was prescribing opioids to over 435 patients before he was shut down for malpractice
- Prescription Drug Task Force started in 2012
 - Pilot jurisdictions for an overdose review team
- Prescription Drug Take Back Program
 - In 2012 Wicomico County designated four prescription medication disposal sites where people can safely and anonymously dispose of expired and unused prescription medications.
 - Located in every law enforcement agency in the county
 - Successful in acquiring 2,000 pounds of drugs

Suggestions

1. Invest more in peer review and recovery centers
2. Expand peer resource teams to work with people during their deepest need
3. Work with hospitals in the intensive care unit who deal with babies who are born addicted
4. Statewide campaign that will address the issue

Commissioner Chip Bertino, Worcester County Commissioners

- Worcester County is a vacation destination for thousands of visitors who bring various habits good and bad.
 - Health and law enforcement must deal with visitors too
- There is no one size fits all solution because the victims are all unique
- No fast working way to stop opioid addiction
- Many young adults are at risk because they have easy access to the family medicine cabinet
 - Starting with prescription drugs can open the door for addiction
 - Parents are left clueless
- Worcester County Task Force founded to address drug issues
 - Developed an outreach campaign to educate the community
 - Targeted schools
 - Use of social media
 - Talk at the county fair about dangers of drugs and why to avoid them

Suggestions

1. We cannot arrest our way out of the problem
2. Develop a patient approach, it takes time
3. Counseling for drug addicts

Andrea Mathias, Deputy Health Officer for Worcester County

- 78% of all the overdose deaths in the county are from opioids
- Both the opioid and heroin related deaths continue to rise in Lower Shore counties
 - Each county is required to review opioid related deaths.
- When looking at population, the death rate from opioid and heroin overdoses in Worcester County is the same as Baltimore County
- Increase in Hepatitis C and HIV outbreaks from needles
- Hired peer support staff for the health department for addictions
- Bimodal distribution of deaths
 - Deaths seen in young people and older adults
 - Ocean City is the largest resort town in Maryland. It has the greatest population distribution of members over 65 and under 25 putting the city at risk for a large number of overdose deaths.
- HIV testing
 - Currently 117 people trained in Worcester County ranging from the sheriff to the local hospital officials and members of the community
- Naltrexone
 - \$14 a dose, monthly session open to the public at the library
 - Worcester County provides naltrexone training for opioid abusers but people aren't taking advantage of it
 - Follow ups after a Naltrexone dose to ensure warm handoff to treatment center
 - Concerns
 - Naltrexone wears off faster than heroin, addicts will go back to heroin
 - Do people high off heroin or opioids have the ability to make their own health decisions?

Suggestions

1. Properly train law enforcement and first responders
2. Preventative education statewide
 - a. Local messages are beneficial but a waste of money
 - b. Overall message should be the same
3. Increase treatment options for drug addicts
 - a. Too few people who need treatment are actually getting it
4. Request the state examine insurance coverage for counties looking to use vivitrol
 - a. Make vivitrol more readily available for those who need it
5. State awareness for HIV screening and testing

Larry Porter, Caroline County Commissioners

- Caroline County is the only county in Maryland without a hospital
 - One of the most medically underserved counties
 - Poorest county
- Difficult to track drug addicts who moved to Delaware
 - Coordinating with the state of Delaware to move resources across state lines
- Treatment is too vital to hope that the private sector will fill the gap

- We cannot ask someone to wait 3 months for treatment
- There are too many roadblocks of resources for treatment due to regulations

Suggestions

1. Increase state funding to the health department
 - a. Only provider of drug prevention in the county
2. Expand Access to residential treatment
3. Expand access to medication that will manage addiction
4. Urges state not to have a narrow focus when addressing the epidemic
5. Look into strategies on treatment prevention and law enforcement
6. Employing hospital coordinators to follow up with an addict after they leave the hospital
 - a. This is when they are at highest risk for a relapse

Samantha Parker, Drug coordinator Caroline County

- The courts are not equipped to handle the number of drug related cases they are receiving
 - Drug addicts are flooding the system
 - Lack of resources forces courts to put drug addicts in detention centers until addiction prevention becomes available
- Wait list of 75 people for long term beds who are currently residing in detention centers

Suggestion

1. While the courts have strong family law there needs to be more investment in the recovery process not incarceration of drug addicts

Ruth Colbourne, Warden Caroline County Detention Center

- Children of drug users are twice as likely to use drugs
- Drug buyers and sellers do not stop trying even if they are locked up
 - Police recorded phone calls
- Addicts plan on getting high the day they are released
- Education can only do so much
- Caroline County has only one room in the jail for programming
 - Cutting of revenue reduces funding for programs that are not considered essential
- We have people from different counties in the jail
 - Need to coordinate with other jails and counties
- The next epidemic will be methamphetamines

Suggestions

1. Money needs to be put towards stopping the problem and without it the problem will be difficult to solve
2. We need programs that involve prevention and education
3. Educate inmates in jail about Narcan and HIV testing

John Winslow, Addictions Program Director for Dorchester County

- Coordinated with National Council on Drug and Alcohol
 - Number of drug users in Dorchester County is skyrocketing
 - Beyond heroin and opioid substances.
- Solving the problem through one institution or task force is impossible
 - We need problem solving advice from everyone (all areas).

Suggestions

1. A successful approach is to learn from those who have been through the recovery process
 - a. See what worked for them
2. Primary prevention
 - a. Improve how culture promotes alcohol on TV and at sporting events
 - b. We need legislation to hold pharmaceutical companies accountable for the promotion of opioids
 - c. Educate the public, youth, family members
3. Secondary strategies
 - a. Assist those who are at risk of becoming addicts to drugs by building a recovery environment in the community
 - b. Family member presence during the recovery process to help addicts regain a normal lifestyle
4. Tertiary risk
 - a. Help those who are abusing
 - i. Recovery high schools
 - ii. Collegiate recovery centers
 - iii. Peer presence in detention centers
 - iv. Provide vivitrol to those looking to reenter the community
 - v. Fund full range of treatment measures

Randy Laird, President, Somerset County Commissioners

- United States accounts for 5% of the world's population yet it consumes 80% of the world's opioids
- Most of the people addicted to opioids will eventually turn to heroin
- Over the last five years Somerset County has 13 deaths caused by heroin
- There have been 825 non medical cases involving opioids resulting in 32 hospital visits
- Many addicts lost all of their money, family members, parents, grandparents and do not know how to help
- In 2005 Somerset County began prescribing Narcan
 - Doctor can prescribe up to 120 patients

Suggestions

1. Media campaign educating people on the proper disposal of drugs
2. Wellness center to house drug addicts
3. The abuse of opioids is costing government money

- a. They need to reduce the amount of opioids on the market

Craig Stofko, Health Officer for Somerset County

- Most health departments follow the same programs because of funding that comes from the state
 - Occasionally health departments step outside the box
- 2005 drug rehab program focused on retention rate and successful treatment
 - It was two to three times more successful than similar programs
 - Outperformed other programs because it took Medicaid
- Science has proven addiction is a disease
 - Drugs are just as important as food, water, and the air we breathe to addicts
- Worked hard over the past 30 years but the progress has been slow
- What can we do to unclutter the ER's and morgues?
 - The answer can be written on the prescription pad
 - Medicine treats symptoms

Law Enforcement

Talbot County Sheriff, Joe Gamble

- Call received two years ago about a murder
 - Found out it was a young man he coached
 - It wasn't a heroin overdose but it was a synthetic drug
 - Purpose of story
 - There were about 60-70 teenagers in his community
 - 40% of them were doing heroin, pills, and drugs exc.
 - Shocked that it was so prevalent
- The parents in Talbot County do not know the path to heroin
- There are two public and one private school in the county
 - Found there was at least one student who was a heroin addict
 - Earlier they start experimenting, the earlier they get into prescription drugs
 - No child has not gone through heroin without drinking
 - Path
 - Drinking → Marijuana → Pills → Heroin
- Today it is easier to get drugs than it was in the past

Suggestions

1. Parent prevention programs

a. Current situation

- i. Parents are being parents but they just are not aware of their child's addiction
- ii. Children will listen to their parents

2. Better education and early intervention programs for parents, mentors and children

Wicomico County Sheriff, Mike Lewis

- The problem started seven years ago when many well qualified physicians began overprescribing medication
- The police knew that when physicians were arrested for overprescribing the number of heroin addicts would increase
 - This statement has held true
- We cannot arrest our way out of this problem
- In Wicomico County many of the deputies have been trained and armed with Narcan
- Personal accounts
 - The Salisbury Sheriff wanted to use a public restroom but the door was locked
 - Found a dead man inside with a needle in his arm
 - Officers stopped a drug trafficker from New York with enough heroin in his possession to supply 42,000 Maryland residents
 - The man had multiple weapons in his possession when officers searched his home
- Decriminalization and legalization of marijuana is a main cause for why young kids have started using marijuana.
 - We have a duty first and foremost as parents to fight this issue

Lt. Bill Crotty, Delaware State Police

- The state of Delaware has seen tighter regulations with prescription pills and medication
 - Increased regulation of pills has led people to use heroin as an alternative, causing its use to be considered an epidemic.
- Delaware Information and Analysis Center
 - Allows officials to track best practices of other states, organizations, and groups regionally and nationally
- The Delaware state police work with the police in Philadelphia to track drugs coming into the area through alerts
- Residents have a personal obligation to notify authorities if they see drugs in the area
 - Drug addicts can also notify the police if they have valuable information regarding a drug alert

Matt Maciarelo Wicomico County State Attorney

- Building collaboration between the law enforcement and partner agencies
- Wicomico County has an opioid processor.
- The federal government listed Wicomico County as a high trafficking drug area
 - Further listing it as a fertile ground for drugs
- Most students in the county qualified for reduced lunch
 - Wicomico County desperately needs state resources
- PDMP Prescription Drug Monitoring Program
 - Allows us to see what other doctors have prescribed
- General Concerns

- Privacy issues with Narcan
- Health department cannot follow up with all the patients it sees
- Year of the criminal in the Maryland General Assembly
 - Resulted in watered down drug laws
 - We cannot fall into the mantra that believes the law enforcement won't help stop the problem
- Retailers in the area feel threatened i.e. Wal-Mart being robbed
- Developers build a beautiful building but the copper wiring inside was stolen by a drug addict
- HB 222 – targets drug dealers and manufactures in heroin related deaths
- Some dealers will not cross the Delaware line because of Maryland's strict laws

Suggestions

1. Collaboration between law enforcement and the health department
2. Investment in health and mental services
 - a. HIV is a concern
3. Have sister states; Delaware and Virginia work together with Maryland
4. Develop a holistic plan for the state
5. Arresting heroin and opioid users is not the full solution but we do need to arrest drug traffickers

Caroline County State Attorney, John Newell

- The key to combat the heroin crisis is awareness
- It is hard to explain to children about dangers of drugs when marijuana is getting legalized and decriminalized around the country
- HB 255 -- search and seizure is a major tool for law enforcement
- One year ago a move was made to pull state police out of local Caroline County Task Force
 - Caroline County does not have a hospital so it needs a police presence on the Task Force
- Caroline County needs support of the state police on the local level
- Addicts are leaving the county because the law enforcement is cracking down on them
- Increase in the number of methamphetamine labs in Caroline County
 - Police found one lab in 2014
 - Police found five labs since the start of 2015
- Some stores still sell illegal items because they haven't updated their documents
- Child fatalities are a direct result of heroin and opioid abuse
 - Children are being born addicted to heroin
- Real life example
 - Heroin addicted mother gives birth and tells the hospital staff to call her when her baby stops screaming
 - Babies aren't given much of a chance
- Praised the state government for not funding the juvenile system, who Newell says wastes the states tax dollars.

Dorchester County State Attorney William Jones

- Heroin showed up a few years ago in Dorchester County and Jones did not realize how much of a problem it would be until the cases started piling up
- Dorchester County has a drug prosecutor dedicated to all heroin related cases
- The non-violent drug offender is serving decades of time for dealing and manufacturing heroin
 - They are putting young people at risk
 - We need to get rid of the notion that drug traffickers need to be treated differently
- Drug treatment court
- Police have done a great job with heroin investigations
- Dorchester Drug and Abuse Council
 - Consists of people in the community who come up with ways to combat substance abuse
- Common themes
 - Heroin users start on pills because of an accident, injury, or access to other people's prescriptions
 - Today our society encourages the use of pharmaceuticals drugs to solve our problems
 - We need to realize that we don't need to be so medicated
- OARRS - Ohio Automated Rx Reporting System established in 2006
 - Controlled by the Ohio State Board of Pharmacy
 - "The state board of pharmacy may establish and maintain a drug database. The board shall use the drug database to monitor the misuse and diversion of controlled substances"
 - Ohio HB 341 requires prescribers of opioids to register to use OARRS
 - When a doctor prescribes a certain medication they must record it within the system
 - Furthermore a doctor in a jurisdiction bordering another state must register with that neighboring state too.
 - Doctors who violate the system will be issued a civil penalty of \$500
 - Also doctors can be disciplined by the board of physicians

Suggestions

1. Continued state funding is essential to fight heroin problem
2. Eliminating access to pills will help to reduce the number of heroin users

Somerset County State Attorney Daniel Powell

- Most economically challenged county within the state
- Law enforcement takes their oath seriously

- The increased perception is that those in law enforcement are out to get you but Powell tells the public that's not the case
- Safe Streets Program
 - “The Maryland Safe Streets Initiative (Safe Streets) is an offender model established to institute collaboration and information sharing across all levels of government to dramatically reduce crime.” - the Governor’s Office of Crime Control & Prevention (GOCCP)
 - Program has been effective in Crisfield, Cambridge and Salisbury
 - Partners with juvenile professionals, members of the community, local state and federal law enforcement
 - Engaging youth by talking to them about drug problems
- Personal experience dealing with drug dealers as state attorney
- We don't put drug dealers away for 5-10 years but they go to jail for a long period of time
- The notion that drug dealers are stupid people is false. They are smart and know the economics of making money
- Powell only has four people to help him patrol a county of 25,000
 - Lacks resources to bring drug dealers to justice
- Funding was also cut for the local juvenile drug court
- There has been talk about establishing regional drugs courts
 - Problems
 - It is difficult to provide transportation to those on trial
 - Lack of funding

Suggestions

1. Somerset County lost funding for the Safe Streets Program and needs the state to replenish the funds. Without the program the county has seen an increase in drug use and a lack of education about drugs.
2. Watering down of public offender laws and legalization of drugs is not the answer
3. Many drug users from Somerset County were able to attend a successful local drug treatment program (2005-2010) at the Wicomico County detention center
 - a. Program lost its funding; need to find a way to revive the program

Clergy and Addiction Treatment Professionals

Pamela Hay (Center 4 Clean Start)

- Licensed clinical counselor
- Operates an outreach and treatment program for pregnant women with a substance abuse problem
- Center 4 Clean Start serves four counties and partners with a half-way house
- Only has a staff of six members but the case load includes 30-40 individuals on monthly basis
- SB 512 Children in need of assistance – drug addicted babies – parental rights act
 - Identifies and treats women with heroin and cocaine addiction
 - Marijuana added to the list of drugs
- 2013: 78 new additions to the Center 4 Clean Start 34% had an opioid addiction

- 2014: 81 new additions to the Center 4 Clean Start 46% had an opioid addiction, 63 women were pregnant
- Pregnant women are ashamed by anyone around them.
 - The women don't want anyone else to know of their problem
 - Many of the mothers feel better about themselves surrounded other women abusers
 - The women feel comfortable around their friends
- Very few doctors will prescribe pain pills for pregnant women
- The Wicomico Methadone Clinic is very helpful but women with small children have trouble with the clinic hours because they cannot come in the morning
- Transportation issues
 - Most women do not have cars to get to the clinics

Suggestions

1. Work more closely with local clinics
2. Create transportation that will be available for women
3. Have the clinics take into account time sensitive schedule's of mothers
4. Easier assess for purchase of care

Leslie Brown (Hudson Health Services)

- President and CEO private non profit organization working for people who abuse drugs
- Operates three half-way houses that employs 70 people who treat 1,500 patients
 - Offers in-patient detox
- A recovery house in Salisbury is located right next to a drug dealer.
 - All the addicts have to do is go next door if they are struggling
- In January 2014 Medicaid expanded to cover every person under the Affordable Care Act
- In January 2015 all residential treatment facilities informed Medicaid patients that they would not be reimbursed
 - Forced them to go to a hospital where prices were four times as expensive
 - Hospitals in the area are not prepared for the onslaught of patients

Suggestions

1. Consider putting funding into detoxification centers for state facilities
 - a. Addicts must be treated matching severity of the disease
 - b. Offer addiction and recovery specialists for hospitals
 - c. Access to psychiatrists
 - d. Education in schools

Heather Brown (Eastern Shore Psychological Services)

- Admissions supervisor for Eastern Shore Psychological Services for the past two months
- People who come in for treatment are mostly using opioids
- Uses four dimensions of the recovery model when treating patients
 - Home, health, community and purpose

- Helps to provide educational services
- Concern arises when the patients leave the center and don't have the four dimensions anymore
- When patients are in treatment we provide them with transportation to and from the center
 - Transportation is a huge barrier
- Two individuals who are patients at Eastern Shore Psychological Services live at a recovery house located in the highest crime area in Salisbury next to drug dealer
 - It's the only place they can afford
 - We want addicts to get the best treatment but in reality most aren't able too
- Adolescent population
 - We need to provide patients with a safe place to stay
 - Example
 - Teenage boy is the head of the house and is forced to provide for his family because his dad is in jail
 - He resorts to drug dealing as a source of revenue
 - We are pushing him to stay but when he leaves we cannot continue his treatment
- Early education on drug use
 - Working with Department of Social Services to connect with children
- Psychological testing of family
 - Currently working with the Department of Social Services to look at the family
 - I.e. how the parents addicted interact with the child
 - When a child is born addicted it needs to develop healthy habits
 - It is challenging for children ages 4-5 who are born addicted to develop an attachment with their parents
- Those who are addicted but also have a mental problem can receive more services
- The ultimate goal is to keep the family together but some children have to go to foster care where they will be put up for adoption
- Women who have been in human trafficking and used drugs come in for treatment
 - Transportation is provided for them

Rev. Bryan Lloyd

- He believes that there is an opportunity to make a difference and significant impact by helping those affected to recover
- He struggled with heroin addiction for ten years
 - Consumed every aspect of his life
 - Hurt his family
 - Overdosed multiple times
 - Felt like he could never overcome the addiction
 - Contemplated suicide
- How faith based community can make a difference
 - He wanted to stop but he had no idea where he could get help

- He eventually found a local church that led him to a treatment facility in Salisbury that saved his life.
 - He believes that finding God is the only reason he is still alive today
- Questions people ask the Reverend
 - Pastor what do I do if a loved one is addicted to heroin?
 - How can I get my family member help?
- People don't call their doctor, local health department or treatment facility caused by the shame and guilt of their addiction
 - They instead call their local pastor or faith based organization
 - We try to meet them where they are
- A two year national study on addiction abuse cites that spirituality is crucial to over come addiction
 - Adults are 4x more likely to use drugs if they don't think religion is important
 - Teens are 7x more likely to use drugs if they don't think religion is important
- The church has created a partnership between state programs local physicians and treatment facilities
 - Personally helped to connect 12 addicts with the health department and treatment facilities
 - Currently 7 of the 12 addicts are off drugs
- What would happen if the entire faith based community created partnerships with health department and treatment facilities?
 - If every faith based organization within Maryland created partnerships with local health and treatment facilities it could change tens of thousands of lives
- By forming lasting partnerships with health providers we can prove to the Task Force that they should look to the faith based community to address the drug problem.

Bruce Strazza (12- Step Program)

- It has been about 19 years since his brother Mark overdosed on heroin.
 - Even though drugs such as methadone and suboxone would have probably kept his brother alive, Mr. Strazza believes they are a crutch for addicts to keep abusing
- Heroin addicts detox go through facilities and come out with no job, sometimes even homeless
- Drug addicts have no way to pay for half-way houses unless their family does
 - Addicts make it two weeks with paying and then they're back on the street
- He is sponsoring a man who committed a non-violent crime. He admitted it was the man's fault but he asked the task force
 - How do we help this man who cannot get a job?
 - He admitted, "I don't know the solution but I know people like you can make a difference."
- He has gone around to local community centers and churches advertising the opioid response kit

- It costs \$50 to purchase and includes two doses that can save a life
 - Talbot County has trained 21 people
- Drug Prevention
 - Has a friend who teaches health education in Anne Arundel County that had addicts come in and talk to his students
- Methadone clinics are cash based not insurance based
 - Personal experience
 - He would drive 100 miles to buy methadone with cash and then sell it to other addicts
 - Supplies market with more drugs

Suggestions

1. We need to look into having the state invest in the opioid response kit
2. Mr. Strazza said he has no knowledge of budgets but he urged the state to make funds available to help drug addicts
3. Take a real life addict into the classroom to talk to middle school and high school kids
4. Have Maryland release public service announcements on where to get help
 - a. Billboards, TV, Internet

Josh Webster (Warwick Manor)

- Addiction Counselor at Warwick Manor Behavioral Health Center since 1974
 - Employs 120 Eastern Shore residents
 - Facility has 64 beds for patients
 - Had over 1,800 Maryland residents go through detox treatment in 2014
- Medicaid
 - As of January 2015 Warwick Manor has to turn away 5-8 people a day who have no place to go because the price of detox has been raised
 - They are able to provide levels of care for Delaware Medicaid and insurance but not for Maryland Medicaid.
 - Medicaid funding went down 23% to \$130 in 2014 and 43% to \$110 in 2015
 - 2014: we accepted 95% of patients on Medicaid
 - 2015: we are only accepting 65% to 75% of patients on Medicaid
 - Might have to close Warwick Manor if Medicaid does not become more affordable to
- IMD waiver exclusion does not allow Warwick Manor to be reimbursed by Medicaid
 - Barrier to provide non-hospital inpatient medical care
- Transportation
 - Warwick Manor treats people from all over the state of Maryland Baltimore, Fredrick, the Shore, Southern Maryland
 - Patients are driven to the facility
- The longer the patients are in treatment the better the outcome
- Patient Demographics
 - Middle class drug addicts

- In the minority
 - Have social economic support systems
- Lower Class
 - 95% of patients last year
 - On Maryland Medicaid
 - 50-60% are homeless
- 90% of the population has had a secondary psychiatric diagnosis of mental health problems and depression

Suggestions

1. Make changes in legislation that will make it affordable to service those with Maryland Medicaid

Diane Hitchens (Peninsula Regional Medical Center, Nursery)

- Has a public health perspective
- Drug impact on pregnant women
 - NAS Neonatal abstinence syndrome
 - Babies are born in withdrawal
 - Experience symptoms within 2-10 days of life
 - Fussy, hard to eat, constant crying
 - Drug testing for babies
 - Carried out if the mother has high risk behavior or her test is positive
 - Scores decide how severe the withdrawal is
- Neonatal abstinence syndrome (NAS) cases
 - 2015 average cost per infant \$19,121
 - Total cost hospital charges for all infants \$1.2 million
 - Average hospital stay per infant 29 days
- Hospital demographics
 - 2012
 - 2077 deliveries
 - 148 moms exposed to drugs
 - 38 infants treated for NAS
 - 2013
 - 1970 deliveries
 - 210 moms exposed to drugs
 - 29 infants treated for NAS
- Over two year period 2012-2013, 67% of NAS infants require treatment and 17% infants require second treatment
- 2014 statistics of pregnant mothers at time of birth: 46% were using drugs marijuana, 28% were using opioids, 11% methadone, 6% cocaine
- Cocaine may induce labor and it should be looked at
- A lot of mothers sign themselves out after they give birth and go back to using drugs
 - The community of substance abusing mothers think they know more than the care providers

- Facility has special care nursery of 12 beds
 - On average some babies are there from 25-45 days
 - Parents are upset that facility is keeping their baby
 - Babies could have a seizure and not survive if they don't stay in the nursery
 - Addicted mothers have difficulty to stay awake with holding the babies
 - Security issues include domestic violence of mothers and fathers fighting within hospital grounds

Suggestions

1. A private room in the facility for the mother to go through withdrawal together with her baby
2. Standard drug test across the state of Maryland
3. Mandatory education when drug users test positive
4. A small team of psychiatrists, counselors, and members of the faith based community to work with the mothers
5. Look at the teen challenge in Delaware- faith based substance abuse disorder program where mothers go for one year with kids up to 5 years old
 - a. 80% success rate

Jim Freeman (Second Wind, Inc.)

- Certified drug and alcohol counselor
- Works at Second Wind: 42 year old halfway house for homeless men and addicts
- Second Wind receives a small grant from the state
- Treats men seeking an abstinence based recovery program
- Believes that the men need a safe long term program that will support them daily
 - Curfew structure
 - Positive role models
 - Held accountable for actions
 - Responsible for their workplace and community
 - Home cooked dinner
 - Family sessions
 - Proper housing environment
 - Job searching
 - Mental health management
- Recovery houses don't offer the above support structure besides housing
- Personally receives 3 to 4 calls a day about men in recovery houses seeking the support of a halfway house
- Six months in halfway house will give addicts the physical, mental, social and spiritual tools they need to recover
- The treatment of heroin and opioid addiction must be individualized based on that person's specific signs and symptoms
- Even though methadone is an amazing medicine but alone will not resolve the heroin crisis

Suggestions

1. Halfway houses need to be funded by the state
 - a. The cost cannot be passed on to residents
2. Minimum detox of less than a week is not enough for addicts to lose their long term heroin addiction
 - a. “Cruel and insane to think it will fix an addiction”
3. Putting people on methadone without proper means of change is a recipe to go back to heroin

Father Crystal Barge

- Bottom line
 - The faith based community can be supportive and help with case management
 - More specific religious recovery groups and retreat weekends
- “We are talking about a disease not a moral failure”
 - “The more we treat it like a moral failure the more people feel alienated”
- “We would never tell someone who is fighting cancer your medical treatment is only 3 days and you have one weekend in recovery”

Suggestion

1. The medical professionals should decide how long the treatment is and not the insurance providers

Public Comment

Theresa H.

- Mother of a heroin addict
- Social worker
 - Met regularly with addicts and juvenile offenders who need resources
 - Discovered addiction crosses all socioeconomic statuses
 - Befriended a boy named Jacob who was musically gifted at the age of 18 and hoped to attend college
 - He became addicted to heroin and for the next eight years went through severe struggles
 - She saw Jacob needed help but there was not much she could do
 - Jacob was able to spend ten days in a clinic but he had a relapse
 - Time in recovery wasn't long enough to make a permanent change
 - Jacob also spent time in jail but he did not receive any help for his addiction when he was released
 - Relapse is certain unless community provides help and education
 - Jacob hopes to have a family and a home but that goal is far out of reach

Suggestion

1. The state needs to make resources readily available to address the epidemic
2. In favor of community involvement as an alternative to incarceration

Penny Glasgow

- Son addicted to opioids

- Honor student and an athlete
- On May 17, 2003 her son got into a car accident after junior prom and had to have a surgical procedure
 - Doctor prescribed him pain killers after the surgery
 - Became addicted shortly after
 - Lost numerous jobs
 - Had many relapses after trying to get clean
- General community consensus is that you make the choice
- Mrs. Glasgow's view: He was born with his addiction because it runs in the family.
 - He did not make a choice but he was fighting a disease and it should be treated as such.
 - Tried to get treatment from her son

Suggestions

1. Incarceration is not the answer
2. We need to get addicts the resources they deserve so they can receive treatment

Laura Mitchell

- Son addicted to heroin
- Disgusted that the state is still just talking instead of acting on the problem
- Upset parents cannot get access to information about their own children.
- Disappointed that Vivitrol is not readily available to every addict
 - 7 to 10 days in a treatment center not enough
- Methadone is a crutch for addicts to return to opioids or heroin
- This epidemic is everyone's problem!

Suggestions

1. Allow all inmates in jail access to Vivitrol not just the ones who have proper insurance
2. Support systems are needed to make an impact
3. How can the state pay for 18 months of incarceration for a theft but not 6 months for a drug addict in a treatment center.

Valerie Albee

- Daughter was addicted to opioids and heroin
 - Died on Sept 7, 2012 from an overdose
 - She was a bright student
 - In the 8th grade she was bullied
 - Suffered from depression and anxiety
 - Doctor at John's Hopkins misdiagnosed her with bipolar disorder
 - In high school years had addiction to alcohol and drugs
 - 6 months into senior year the addiction was so severe she couldn't get out of bed

- She ended up taking pills and spent time in and out of rehab
- Sent her to a treatment center in Georgia
- Personal struggles
 - “I don't have a daughter anymore and I won't have grandchildren”
 - “I wanted to jump off the bay bridge”
 - Mrs. Albee mentioned she started a support group in St. Michaels where parents of addicted children can come and talk
 - They shouldn't feel alone
- The face of addiction is everyone not what people think

Pamala Eichelberger

- Lost her son to an overdose
 - His addiction started 8 years ago.
 - She had him in counseling while he was at school
 - He developed more behavioral issues, as he got older.
 - She found large amounts of cash and marijuana in his bedroom.
- Personal story
 - One day she was pulling out of the driveway and saw her son sitting on curb with police
 - The police found him in a drug dealers house when they raided it
- At the time her family moved to Pasadena she thought it was a good area
 - Drugs were all around the school and community
 - Anyone can have an addiction not just your stereotypical addicts
 - Son stayed in court ordered rehab for 28 days
 - He has the inability to make decisions on his own
 - “If we can save another family from the pain I went through its worth it”

Ashley Pruski

- Recovering addict
 - Did not have the education available to hear about the support systems and groups that could help her
 - She said she still does not know all that's out there in terms of where and how to get help
 - Her family had no idea what to do.
 - Had insurance issues with the rehab facility she was attending
 - Could not stay because of a court date.
 - Spent time in jail where she had time to figure her life out
 - She believes that attending rehab for 28 days would not have been enough for her to fully recover

Suggestions

1. Increase education on how recovering addicts can raise a child
 - i. She has a son and her husband is also a recovering addict

Breta Still

- Went to a pain management clinic run by a Salisbury doctor

- She knew she had addiction issues
- Doctor was too lenient with prescriptions he was giving out
- DEA shut his practice down
- All addicts who were previously on pain medication now have nothing
- The addict could not afford to buy pills off the street so they switched to heroin
- Addiction rate probably rose about 80% after the pain management clinic shut down
- Hudson Health Center
 - Employees treat patients like “dogs”
 - Facility is mainly an open hallway with no place to sit.
 - Many people are not getting the help they need
 - They are kicking addicts out for being addicts.
 - If addicts forget their ID or bottle they don't get their dose of medicine
 - People treat it like a choice not a disease

Suggestions

1. Make it easier on parents to get their children help by having one number that parents can call
2. Health department needs more funding to pay employees. Currently has the same number of staff as the Hudson center but services twice as many patients.
3. An investigation needs to take place to look into mistreatment at the Hudson Health Center

Jackie Ball

- Son is a 24 year old heroin addict
 - Currently an inmate in the Worcester County jail
 - Started using drugs at the age of 15
 - She spend her son's college savings to send him to a one year rehab facility in Utah
 - Confident that when he returned he would make good choices
 - As a senior in high school her son was put it back into same environment he left and started using drugs again.
 - She later thought that sending him to college would give me a purpose and get him away from his old friends
 - While at college his addiction worsened
 - Used oxycodone and heroin
 - Spent time in six rehab facilities and four half ways houses.
 - Mrs. Ball gave up her entire life savings and college savings to try to help her son
 - Her son has been in and out of jail
 - He has been offered no treatment while jail
 - Every time an addict violates drug court they have to stop taking suboxone

- Judge told her son he will send him back to prison because he made the choice to do drugs
- Mrs. Ball believes his addicted brain makes him use drugs
 - During a prison visit her son said he has no idea how to stop

Suggestions

1. Rehab facilities should be rated.
2. Insurance needs to cover stays at rehab facilities
3. Have treatment options available in jails
4. Find a way to subsidize Vivitrol; it is \$1,200 for one dose

Mary

- Son addicted to heroin
 - He was successful and athletic
 - Played football, basketball, and baseball
 - He started on drugs at the age of 15; He is 35 today
 - Addiction
 - Marijuana,
 - Heroin
 - Cocaine
 - Pills
 - Drugs were easily made available in the school building
 - Mary sent him to receive treatment from a psychologist and psychiatrist
 - He overdosed during his senior year of high school and was found unconscious
 - Spent 9 weeks in a drug treatment program
 - Visited many facilities that did everything they were supposed to do to help him but he is still addicted
 - Has legal trouble because of his drug problem
 - He told his mother when you hit rock bottom during addiction you go down even further
 - Received no treatment for his addiction in jail.
 - He wants to become an advocate against using drugs when he gets out of jail

Suggestions

1. Get treatment for drug addicts who are in jail
2. Help convicted felons get employment when they get out of jail

John

- Recovered alcoholic and drug user pills
- Has a six year old son named Gus
 - He was going to kill himself but decided against it when his son was born
 - He realized he needed to make a change and be there for his son
- Any chemical you start putting in your body will affect it

- When young people use drugs it affects them negatively because their brain and bodies are still developing
- Neurons in the brain are not fully developed until a person turns 25. When someone uses heroin before then they become addicted because the brain cries out for the heroin when the user is off it.

DRAFT